



Board of Cosmetologist Examiners  
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Minneapolis, MN 55414

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[www.bceboard.state.mn.us](http://www.bceboard.state.mn.us) - [bce.board@state.mn.us](mailto:bce.board@state.mn.us)

# Cosmetology School License Application

THE BCE IS ON A THREE-YEAR LICENSE CYCLE.

This application must be completed by all schools maintaining, advertising, soliciting for, or conducting any cosmetology course of instruction in Minnesota for profit or tuition charge. Rules to reference: [MN Rule 2110](#).

**Total Fee Due upon Initial Application: \$2,650.00**

(Application Fee: \$1,000.00, License Fee: \$1,500.00, Office of Enterprise Technology License Surcharge Fee: \$150.00)

## 1. SCHOOL INFORMATION

01/2013

School Legal Name	
School DBA Name (DBA: Doing Business As)	
MN Tax ID, Federal EIN/TIN or SSN (SSN can be used if the school is a sole proprietorship)	
School Address	Primary Phone Number
City, State, Zip Code	School Manager Work Phone Number
County of School	Email Address & Web Address

## 2. OWNERSHIP OF SCHOOL

<input type="checkbox"/> Business Trust	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other Business Structure: _____
<input type="checkbox"/> Sole Member LLC	_____

For Office Use Only:

Staff Initials: \_\_\_\_\_ Check/MO/ Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Application Number: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**3. HOURS OF OPERATION**

Days of the week school will be open		Hours the school will be open
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4. MANAGER INFORMATION** *(the licensed school manager who will be employed by the school)*

Last Name	Fist Name	License Number	Expiration Date
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**5. INSTRUCTOR INFORMATION** *(fill in table or attach a list marked as Exhibit A)*

List ALL Instructors	License Number	Full-time/Part-time	Days/Hours for Instruction

**6. MAX. POSSIBLE NUMBER OF STUDENTS THE SCHOOL WILL BE ABLE TO ACCOMMODATE:** \_\_\_\_\_

## APPLICATION RESOURCES

Department Name	Contact Information
Secretary of State <ul style="list-style-type: none"> <li>Assumed Name</li> <li>Articles of Incorporation/Organization</li> </ul>	651-296-2803 or 1-877-551-6767 <a href="http://www.sos.state.mn.us">www.sos.state.mn.us</a>
Department of Revenue <ul style="list-style-type: none"> <li>MN Tax ID Number</li> </ul>	651-296-6181 or 1-800-657-3777 <a href="mailto:salesuse.tax@state.mn.us">salesuse.tax@state.mn.us</a> / <a href="http://www.taxes.state.mn.us">www.taxes.state.mn.us</a>
Department of Labor and Industry <ul style="list-style-type: none"> <li>Workers Compensation</li> </ul>	651-284-5005 <a href="http://www.dli.mn.gov">www.dli.mn.gov</a>
Zoning Official	Contact city or county offices in which your school will be located to get more information.
Department of Treasury	800-829-0115
Positively Minnesota (Small Business Owner Assistance)	<a href="http://www.positivelyminnesota.com">http://www.positivelyminnesota.com</a>

## 7. BUSINESS DOCUMENTATION CHECKLIST

Find ownership type and attach the documentation checked under that category.

*These should be marked as Exhibit B.*

<u>Document Name</u>	<u>Sole-Proprietorship</u>	<u>General Partnership</u>	<u>LLC/LLP</u>	<u>Corporation</u>	<u>Other</u>
Certificate of Assumed Name (Copy) <i>*A Certificate of Assumed Name must be filed if the name of the business is different than the full name of the owner(s) of the business. This requirement applies to all forms of business organizations.</i>	✓	✓	✓	✓	✓
Articles of Incorporation/Organization (Copy)			✓	✓	✓

## 8. DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

- **Individual Proprietor:** Provide the name and address of the Owner
- **Partnership:** Provide the name and address of all General Partners and Limited Partners
- **Corporation or LLC:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Managers/Employees with authority to exercise control in policy or management of the company

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Last Name	First Name	Middle Initial
Residential Address		Primary Telephone Number
City	State	Zip Code
Title (Such as Owner, General Partner, Limited Partner, Director)		

Last Name	First Name	Middle Initial
Residential Address		Primary Telephone Number
City	State	Zip Code
Title (Such as Owner, General Partner, Limited Partner, Director)		

Last Name	First Name	Middle Initial
Residential Address		Primary Telephone Number
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Title (Such as Owner, General Partner, Limited Partner, Director)		

Last Name	First Name	Middle Initial
Residential Address		Primary Telephone Number
City	State	Zip Code
Title (Such as Owner, General Partner, Limited Partner, Director)		

## 9. COURSES THE SCHOOL PLANS TO OFFER

You must mark an X for “Yes” or “No” for each of the courses listed below. If you select “Yes” for a course that your school plans to offer, you must submit a detailed outline for the course, designating preclinical and clinical curriculum, text materials, and the clinical plan designed for each course.

*Mark this as Exhibit C.*

Full Program Courses	Yes	No	Refresher Courses	Yes	No	Reactivation Courses	Yes	No
1550 Cosmetology			40 Hour Cosmetology			155 Cosmetology Course		
600 Hour Esthetician			40 Hour Esthetician			60 Hour Esthetician		
350 Hour Manicurist			40 Hour Manicurist			35 Hour Manicurist		
38 Hour Instructor			(Curriculum must be reapproved every three years at the time of the school’s license renewal.)					

## 10. BUILDING & ZONING COMPLIANCE

1. Check the appropriate box below.
2. Complete appropriate section and attach required documentation.

☐

**Complete section A if you select the following:**

The building in which this school is located is new construction. Complete section A below.

☐

**Complete section B if you select the following:**

The building in which this school is located is an existing building. The Applicant has made improvements or changes to the school which require building permits and zoning approval. Complete section B below.

☐

**Complete section C if you select the following:**

The building in which this school is located is an existing building. No Building Permits or Zoning Approval was required by the City or County in which this school is located. Complete section C below.

### Section A

**The building in which this school is located is new construction.**

1. Applicant must attach a copy of the signed, dated **Certificate of Occupancy** issued by the City or County in which the building is located.
2. Applicant must attach statement from Zoning Official that school is in compliance with zoning ordinances, or obtain signature below:

\_\_\_\_\_  
School address inspected and meets zoning compliance

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Zoning Official

\_\_\_\_\_  
City or County Name

\_\_\_\_\_  
Telephone Number

### Section B

**The building in which this school is located is an existing building. The Applicant has made improvements or changes to the school which requires building permits and zoning approval.**

1. Applicant must attach a copy of the **Building Permits** issued by the City or County in which the building is located.
2. Applicant must attach statement from Zoning Official that school is in compliance with zoning ordinances, or obtain signature below:

\_\_\_\_\_  
School address inspected and meets zoning compliance

\_\_\_\_\_  
Signature of Zoning

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Zoning Official

\_\_\_\_\_  
City or County Name

\_\_\_\_\_  
Telephone Number

### Section C

**The building in which this school is located is an existing building. No Building Permits or Zoning Approval was required by the City or County in which this school is located. Obtain signature below:**

\_\_\_\_\_  
School address inspected and meets zoning compliance

\_\_\_\_\_  
Signature of Zoning Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

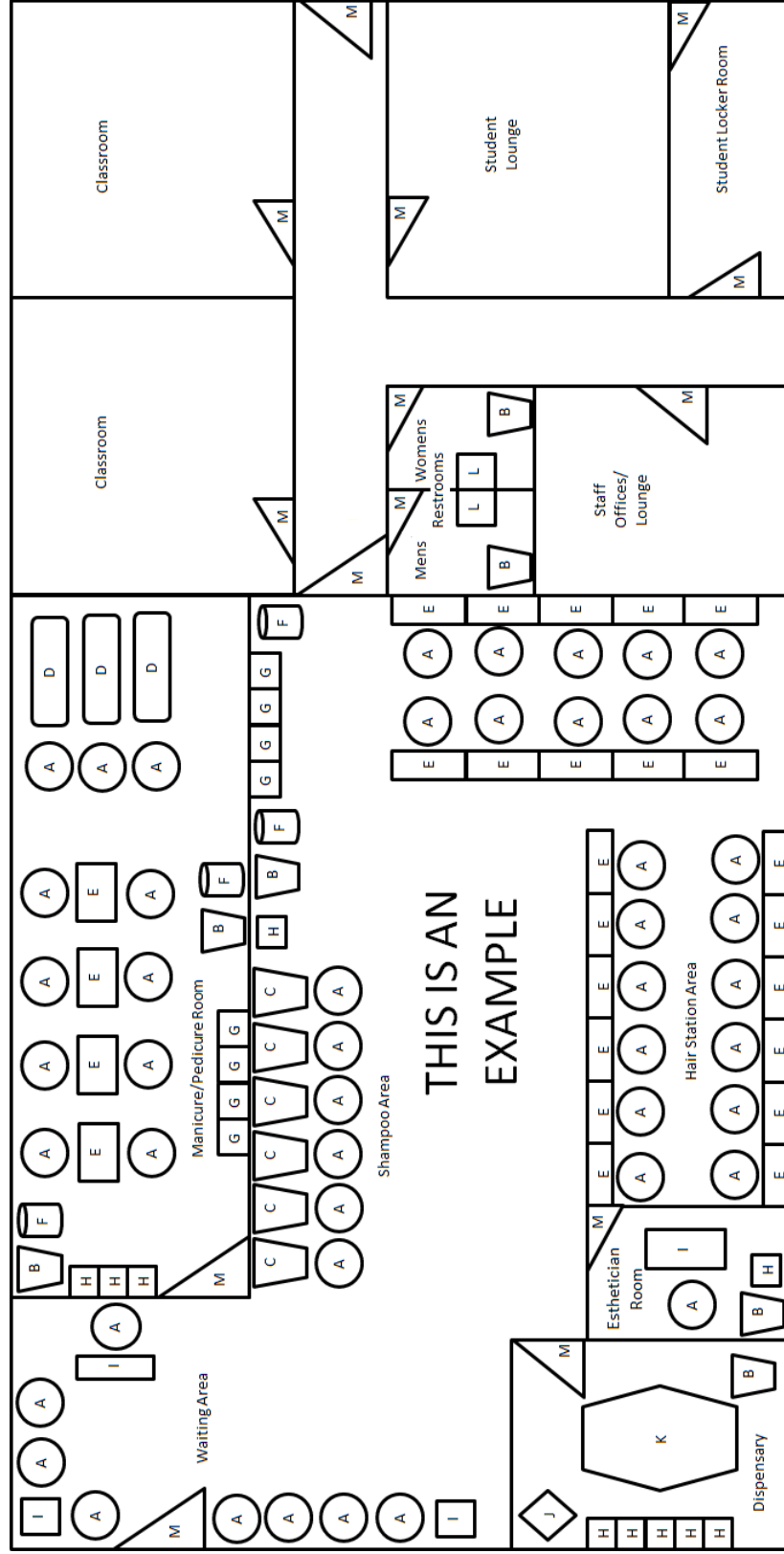
\_\_\_\_\_  
Print Name of Zoning Official

\_\_\_\_\_  
City or County Name

\_\_\_\_\_  
Telephone Number

## Codes To Be Used and Listed on Floor Plan (on the next page)

- A. Chair (Any Style)
- B. Sink
- C. Shampoo Bowl
- D. Pedicure Spa
- E. Work Stations Counter/Cabinets
- F. Covered Container (Soiled Towels)
- G. Cabinet (Clean Linens)
- H. Cabinet (Supplies)
- I. Table (All Styles)
- J. Hot Water Heater
- K. Dispensary Area
- L. Restrooms
- M. Entrance/Exit



**11. SCHOOL FLOOR PLAN** *(please call the Board office with concerns regarding supplies per enrollee)*

<p><b>Total Floor Space</b> (from school floor plan below) _____ <b>square feet</b></p> <p><b>Total Deductions</b> (from calculation at right) - _____ <b>square feet</b></p> <p><b>Total Work Space</b> (Total Floor Space – Total Deductions) = _____ <b>square feet</b></p>	<p>Calculate the space of the following areas:</p> <p>Reception Areas = _____ square feet</p> <p>Restroom Areas = _____ square feet</p> <p>Supply Areas = _____ square feet</p> <p>Classroom Areas = _____ square feet</p> <p>Student Lounge Areas = _____ square feet</p> <p>Instructor Areas = _____ square feet</p> <p><b>Total Deductions</b> = _____ square feet</p>
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Prepare a diagram of the school floor plan following the example on page 7:

- **Each room** used for regulated services **must have a sink** (or shampoo bowl).
- **The dispensary must also have a sink.**
- **Each room must be labeled as what it is used for.**
- **All codes from page 7 are required to be used.**
- **You may instead submit blue prints/formal drawings with appropriate codes and labels (must still complete above deductions).**

Each square below represents 5 feet by 5 feet. If your school is larger than 50 feet by 50 feet, attach additional pages to show complete floor plan.




## 12. ADDITIONAL ITEMS THAT MUST BE SUBMITTED WITH THE APPLICATION

- Provide a current balance sheet, income statement, and adequate supporting documentation, prepared on an accrual basis by an independent public accountant or certified public accountant. The information submitted must be signed by the accountant who prepared it and must include that person's name, phone number and address. *Mark this as Exhibit D.*
- Provide the current student enrollment lists for each course of instruction to be offered. *Mark this as Exhibit E.*
- Provide a complete inventory of all equipment and tools used for instructional and clinical operations (pursuant to MN Chapter 2110.0400 and 2110.0410, please call the Board office with concerns regarding supplies per enrollee). *Mark this as Exhibit F.*
- Provide copies of all written material used to solicit prospective students, including but not limited to tuition, refund, and fee schedules, catalogs, brochures, and all recruitment advertisements. *Mark this as Exhibit G.*
- Provide copies of all financial aid and refund policies. *Mark this as Exhibit H.*
- Provide a copy of the standard enrollment contract. *Mark this as Exhibit I.*
- Provide copies of all student rules and disciplinary policies. *Mark this as Exhibit J.*
- Provide a Certificate of Insurance, *marked as Exhibit K* that includes the following:
  - Current coverage: Per Incident (25,000 is required), Accumulation Per Year (\$150,000 is required)
  - School's name and address
  - Must state "Professional Liability Insurance is included"
  - Certificate holder section must read:

Minnesota Board of Cosmetologist Examiners  
2829 University Avenue SE, Suite 710  
Minneapolis, MN 55414
  - Evidence of Workers Compensation Coverage pursuant to Minn. Stat. §176.182  
(This may be on a separate certificate with same certificate holder.)
- Provide documentation of the school's surety bond of at least \$10,000. *Mark this as Exhibit L.*

## **School Licensee Responsibility**

### **Owning a School**

- A school must have a current designated manager with a current school manager license.
- The school must ensure that the school, all instructors and the school manager are currently licensed. If a school is found to be unlicensed or have unlicensed instructors or managers working, civil penalties of up to \$2,000 per violation may be assessed to the school manager and owner, or loss of licensure may result.
- The current school license, school manager license, and licenses of all instructors must be posted conspicuously at the school at all times.
- The school must post a notice regarding availability of inspections records.
- The school must have a sign conspicuously posted in its clinic reception area stating that all work is performed by students.

### **Renewals**

- Your license will expire on the initial month of licensure in the third year of your license cycle. If you fail to renew on or before that date, you will be considered expired. Additional renewal fees may apply if you fail to renew on time. If a school license is expired for 30 or more days, it is no longer eligible to be renewed and the school must reapply. The Board makes every effort to mail renewal notices to each licensee, but it is your obligation to renew your license on time.

### **Staff Changes**

- The school shall notify the board of the following changes within ten days of the effective date of the change: Changes in managerial or instructional staff including additions and terminations, or changes in employment status (full-time, part-time, or number of hours worked).

### **Owner/Business Structure Change**

- If you change any part of your business structure, you must notify the Board within 30 days of the change by completing a new cosmetology school application and paying the required fees.

### **Name Change**

- If you change the name of your school, you shall inform the Board within 60 days of the effective date of the change by completing the Salon/School Name Change Form.

### **Address Change**

- If the school changes locations, a new school application must be completed and the required fees paid at least 30 days before the effective date of the change.

### **Cosmetology Laws and Rules**

- Copies of Cosmetology Laws and Rules are available from the Minnesota Bookstore at 651-297-3000 or [www.leg.state.mn.us](http://www.leg.state.mn.us).

### **Owner(s) Acknowledgements**

- A. The premises and conditions under which the students work and study must be sanitary, healthful, and safe according to modern standards.

\_\_\_\_\_ (Initials of at least 1 owner)

- B. The school has sound financial condition with sufficient resources available to meet the school's financial obligations; to refund all tuition and other charges, within a reasonable period of time, in the event of dissolution of the school or in the event of any justifiable claims for refund against the school; to provide adequate service to its students and prospective students; and to maintain proper use and support of the school.

\_\_\_\_\_ (Initials of at least 1 owner)

- C. Each course of instruction will be of such quality and content as to provide education and training which will adequately prepare enrolled students for testing, licensing, and entry level positions such as a cosmetologist, esthetician, or manicurist.

\_\_\_\_\_ (Initials of at least 1 owner)

### **School Manager Acknowledgements**

I, the licensed school manager of this school listed in this application, certify that I will be the licensed school manager and am the responsible party of this school. These responsibilities include, but are not limited to:

- A. Ensuring that the school license is current.  
B. Ensuring that all personnel and students under my supervision comply with Minnesota Rules chapter 2110.  
C. Ensuring that no unlicensed instructor conducts any class, demonstration, or any other educational experience within the school except as allowed by Minnesota Rules chapter 2110 and Minnesota Statutes chapter 155A.  
D. Ensuring that all equipment is clean and maintained in proper working condition, that proper supplies are in stock at all times, and that safety, sanitation, and operational requirements are met by the school.  
E. When not on duty, I shall specify a responsible person on the premises. The responsible person shall be an instructor licensed in accordance with Minnesota Rules chapter 2110.

\_\_\_\_\_  
School Manager License Number

\_\_\_\_\_  
School Manager Expiration Date

\_\_\_\_\_  
School Manager Printed Name

\_\_\_\_\_  
School Manger Signature

\_\_\_\_\_  
Date

**Owner(s) Application Certification**

*I/we certify that the information submitted within this application is true and correct. I/we also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.*

\_\_\_\_\_  
Signature of Owner #1

\_\_\_\_\_  
Date

Subscribed and sworn to before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Owner #2

\_\_\_\_\_  
Date

Subscribed and sworn to before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Owner #3

\_\_\_\_\_  
Date

Subscribed and sworn to before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Owner #4

\_\_\_\_\_  
Date

Subscribed and sworn to before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notary Seal